

CITY OF TEMPE SPRING 2016 K-8TH HOOPS CLINIC

NON-TEMPE RESIDENTS ARE ALWAYS WELCOME

K - 8TH GRADE:

- * Grades based on Fall 2015 Grade.
- * K-3rd & 4th -8th will participate on separate courts
- * All Athletes receive a clinic t-shirt.
- * Welcome to bring favorite basketball (not mandatory).
- * Tailored hoop stations to fit each grade level. No experience needed.
- * Fundamental development with in-depth in game scenario preparation

K-8th Clinic Location:

Escalante Community Center: 2150 E. Orange St.

Easy to Register!

MAIL-IN OR DROP OFF Monday-Friday, 8 AM-5 PM
(Recreation Services 3500 S. Rural Rd. 2nd Floor)

FAX: 480-350-5058 (Debit or Credit payment only)

ON-LINE: www.tempe.gov/youthsports

(Debit or Credit payment only)

K - 8th Clinic Times & Dates:

Dates: Sat. Mar. 12th & 19th

Time: 9:00am – 11:00am

K - 8th Clinic Codes:

48392 = Co. Rec. K – 3rd

48393 = Co. Rec. 4th – 8th

**Spring Early Bird Registration
February 15th-21st Fee: \$75.00
K - 3rd Small Ball Hoops
4th - 8th Rec. Hoops**

Fee: \$36.00

****Scholarships available****

****Must Verify Enrollment In State Subsidy
Program and**

& Be a Tempe Resident

Or Child Attends a Tempe School**

Participant Name: _____ Date of Birth _____ Age _____ Sex _____
Address: _____ APT # _____ City _____ Zip _____
Phone: Eve _____ Day _____ School _____ Grade (Fall 2015) _____
Parent's Name: _____ Email: _____ Previous Participant: Y N
Coach/Friend Request: _____
Please Circle One: K-3rd Co-Rec: 48392 4th-8th Co-Rec: 48393

Waiver of Liability

With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: _____ I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will. *Photos may be taken during programs for City of Tempe Use*

REQUIRED: Parent or Legal Guardian Signature AND Printed Name _____

Date _____

Fee: \$ _____ Credit Card Number _____ -- -- -- Exp. Date: _____

Enclosed Check # _____ **OR** Signature Authorizing Charge to above number _____

Looking to Volunteer? Questions? Please do not hesitate to call. 480-350-5222 or kevon_cornejo@tempe.gov